PATENT APPLICATION FEE DETERMINATION RECOI Effective December 29, 1999										Application or Docket Number				
									09/608512					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								_	SMALI TYPE	ENTITY	OR	OTHER		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	
BASIC FEE											OR		690.00	
TOTAL CLAIMS			26 minus 20= · 6						X\$ 9=		OR	X\$18=	108/	
INDEPENDENT CLAIMS			(5 minus 3 = 2						X39=		OR	X78=	156-	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=	/			
If the difference in column 1 is less than zero, enter "0" in column 2								<u> </u>	OTAL		OR	TOTAL	954-	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								•	I IALE	ENTITY	OR	OTHER SMALL		
		CLAI	MS			Column 2) HIGHEST	(Column 3)	Ĕ	MALL		1.	SMALL		
NT A		REMAII AFTI AMEND	ER		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	· 2	,	Minus	••	26	=		X\$ 9=		OR	X\$18=		
	Independent	• 5	<u></u>	Minus	••••	. 5	=	T	X39=		OR	X78=		
	FIRST PRESE	NTATION	OF ML	JLTIPLE DEP	'END	ENT CLAIM				-				
								Ľ	130= TOTAL		OR	+260= TOTAL		
						olumn 2)	(Column 3)	ADE	DIT. FEE		OR	ADDIT. FEE		
_		(Colun	Land Segral											
AMENDMENT B		REMAII AFTI AMEND	NING ER		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	٠		Minus	**		= ')	(\$ 9=		OR	X\$18=		
	Independent	•		Minus	***		=	5	K39=	`	OR	X78=		
	FIRST PRESE	NIAHON	OF MIL	ATIPLE DEF	,END	ENT CLAIM			130=		OR	+260=		
								ADE	TOTAL HT. FEE			TOTAL ADDIT. FEE		
	.	(Colun			(Column 2) (Column 3)						•	NDD11.1 663		
AMENDMENT C		CLAI REMAI AFTI AMEND	NING ER	1	PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		5	×	(\$ 9=		OR	X\$18=		
	Independent	•		Minus	•••		=	1	(39=			X78=		
`	FIRST PRESE	NTATION	OF ML	JLTIPLE DEF	PEND	ENT CLAIM		-	100-		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
	If the "Highest Nur If the "Highest Nur The "Highest Nur	mber Previ Imber Previ	iously Pa	aid For IN THIS aid For IN THI	S SPA	ACE is less tha ACE is less tha	an 20, enter "20." an 3, enter "3."	AUL	TOTAL DIT. FEE			TOTAL ADDIT. FEE		
	THE THURSTIAM	PRI LIBAIO	way ret	ALON LIGHTON	HIGH	म्बाध्यवताः) १५ छति	a indingal unung	I KUUNDI	in ine a	od esendorda	a un coi	umn 3.		